

Application Data Sheet

Application Information

Application Type::	371
Subject Matter::	Utility
Suggested Classification::	None
Suggested Group Art Unit::	None
CD-ROM or CD-R?	No
Title::	ONE POT SYNTHESIS OF CITALOPRAM FROM 5-CYANOPHTHALIDE
Request for Early Publication?	No
Request for Non-Publication?	No
Suggested Drawing Figure?	No
Total Drawing Sheets::	None
Small Entity::	No
Petition included?	No
Secrecy Order in Parent Application	No

Applicant Information

Applicant Authority type::	First Inventor
Primary Citizenship Country::	IN
Status::	Full capacity
Given Name::	Ambati
Family Name::	NARAHARI BABU
City of Residence::	Mysore, Karnataka

Country of Residence::	IN
Street of mailing address::	D. No. 1238, 3 rd Cross, Gange Road Kuvempunagar
City of mailing address::	Mysore, Karnataka
Postal or Zip Code of mailing address::	570 023
Applicant Authority type::	Second Inventor
Primary Citizenship Country::	IN
Status::	Full capacity
Given Name::	Vuddamari
Family Name::	SRINIVAS GOUD
City of Residence::	Mysore, Karnataka
Country of Residence::	IN
Street of mailing address::	D. No. 2166, 6 th Cross, K Block Kuvempunagar
City of mailing address::	Mysore, Karnataka
Postal or Zip Code of mailing address::	570 023
Applicant Authority type::	Third Inventor
Primary Citizenship Country::	IN
Status::	Full capacity
Given Name::	Santosh Laxman
Family Name::	GAONKAR
City of Residence::	Mysore, Karnataka
Country of Residence::	IN

Street of mailing address:: Srisiddalinga Krupa, D. No. 3206,
19th Cross, R.P. Road, Nanjangud

City of mailing address:: Mysore, Karnataka

Postal or Zip Code of mailing address:: 571 301

Applicant Authority type:: Fourth Inventor

Primary Citizenship Country:: IN

Status:: Full capacity

Given Name:: Sular G.

Family Name:: MANJUNATHA

City of Residence:: Mysore, Karnataka

Country of Residence:: IN

Street of mailing address:: D. No. 491 A-B, Chitrabanu Road
Kuvempunagar

City of mailing address:: Mysore, Karnataka

Postal or Zip Code of mailing address:: 570 023

Applicant Authority type:: Fifth Inventor

Primary Citizenship Country:: IN

Status:: Full capacity

Given Name:: Ashok Krishna

Family Name:: KULKARNI

City of Residence:: Mysore, Karnataka

Country of Residence:: IN

Street of mailing address:: D. No. 1447, C&D Block, Sanje Ravi
Road, Kuvempunagar

City of mailing address:: Mysore, Karnataka

Postal or Zip Code of mailing address:: 570 023

Correspondence Information

Correspondence Customer Number: 23973

Representative Information

Representative Customer Number::	23973
Contact Name:	Daniel A. Monaco
Contact Number:	215-988-3312
Contact Facsimile:	215-988-2757

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/IN2004/000044	02/16/2004

Assignee Information::

Assignee name:: JUBILANT ORGANOSYS LIMITED

Street of mailing address:: 1-A Sector 16-A, Institutional Area

City of mailing address:: Noida, Uttar Pradesh

Country of mailing address:: INDIA

Postal or Zip Code of mailing address:: 201 301